

## Kentucky Transportation Cabinet Division of Right of Way & Utilities UTILITY/RAIL AGREEMENT STATEMENT OF CHARGES

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## **INSTRUCTIONS**

Signature: \_

Title: Date:

- Company shall <u>fully</u> complete this form.
- Submit this fully completed form, Company invoice and documentation of charges in triplicate.
- Final invoicing is to be submitted within 1 year of completion of work, per agreement and statute, to be considered for payment.
- Records of invoiced work are to be retained, as defined in the referenced agreement, and may be subject to audit.
- MAIL TO: Highway Chief District Engineer ATTN: District Utility Agent (find at: http://transportation.ky.gov/district.htm)

MALE 10. Highway Chief Bistrict Englished Artiv. Bistrict o	mity rigent (jina at. rictp.), transportation.xy.gov) aistrictin				
GENERAL ROAD PROJECT INFORMATION (This section is as de	efined in the Agreement as executed)				
Location / Description:	Fiscal:				
County (if more than one, use page 2):	Federal Number (if applicable):	Federal Number (if applicable):			
Route/Road Name:	State Number: Item or AAR-DOT Number:				
Project Description:					
COMPANY INFORMATION	Company Address (as identified in the Agree	ment):			
Company Name:	street address				
Company Contact Name:	address 2	address 2 city, state Zip			
Company Invoice Number (if applicable):	city, state Zip				
у при					
DATE <u>INVOICED</u> WORK BEGAN (not to precede State Letter dat	DATE INVOICED WORK COMPLETED:				
(Enter all dates t	using m/d/yyyy format)				
INVOICING INFORMATION:	Agreement Start Date :				
PARTIAL   FINAL   BILL NO.	Purchase Order Number: ex: P02 xxx xxxxxxxxxx				
PARTIAL FINAL BILLING	Statute/Agreement Type: KRS 177.035 Keep Cost				
AMOUNT OF THIS BILL \$	Agreement/PRDO Amount:	\$			
ANIOON OF THIS BILL	Change Orders: #1	\$			
TOTAL AMOUNT OF PREVIOUS BILLS \$		\$			
		\$ \$			
TOTAL BILLS TO DATE $$0.00$	, , , , , , , , , , , , , , , , , , , ,	\$ <u>0.00</u>			
		· <del></del>			
	TOTAL:	\$ <u>0.00</u>			
COMPANY CERTIFICATION:	FOR CABINET USE <u>ONLY</u> :				
	FOR CABINET USE <u>UNLT.</u>				
I certify, to the extent applicable: the attached invoice is a true statement of costs incurred by our Company in constructing					
the most economical type of facilities in the new location as	Charles District Hallity Agent				
will satisfactorily meet the same service requirements as the	Checked: District Utility Agent	Date			
old facilities in the old location on subject project; all materials					
for which we seek reimbursement adhere to federal Buy					
America provisions as required; and all costs listed are eligible	Recommended/Approved: Chief District Engineer	Date			
for payment by KYTC.					

Approved: Director, Division of Right of Way & Utilities



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ADDT'L CHANGE ORDERS:	#4 #5 #6	\$ \$ \$	one count	<b>NOTE:</b> If the amount of this bill applies to more that one county the correct distribution <b>MUST</b> be shown on the following lines.			
		·	COUNTY:	ACTUAL	PERCENTAGE		
#	#7	\$		AMOUNT:	(if applicable):		
	#8	\$		\$	%		
	#9	\$		Ψ	/		
	#10	\$		\$	%		
	#11	\$		\$	%		
	#12	\$		\$	%		
	#13	\$		\$	%		
	#14	\$		ć	%		
	#15	\$		<b>&gt;</b>	76		
TOTAL PAGE 2		\$ <u>0.00</u>		\$	%		
(automatically transfers to page 1)				\$	%		
				\$	%		

## \*\* This section is only needed if any information is entered on page 2 \*\*

COMPANY VALIDATION:
I accept the certification terms on page 1 in reference to the work performed as defined on page 1.
Initial:
Date:

